

**CHRISTOPHER WAYNE LESTER
MADISON MEDICAL GROUP
RECORDS
14-D**

Chris Lester 7-8-98
Wt 289 BP 132/58 P 104 T 98.6

S-Complains of bilateral lower back pain for 3 days, no history of specific trauma. He has history of recurrent LBP, he has been driving a coal truck recently. He has taken several pain medications, with no relief over the past few days.

O-Exam - he is alert and oriented, walks with steady but deliberate gait, there is positive LS spasm, PSIS tenderness bilaterally. Neuro is intact. Strength is equal bilaterally. SLR creates pain at approx 45 degrees bilaterally.

A-Exacerbation of chronic LBP

P-Rest, local heat, Flexaril 10 1TID, Motrin 800 1 TID, Lorcet 10 #60 1 PO Q 4-6 hrs prn pain, f/u in 1 wk. may not work until return appt.

John M. Snyder, D. O./bjw

8-7-98

Christopher Lester 3-28-98
Wt 286 BP 120/68 P 72

S-Had some left costal pain and then broke out in a classic shingles vesicular rash.

O-PE - reveals T8 to T10 dermatomal rash,

A-Shingles involving the left T8-10 dermatome.

P-Famvir 500 TID, and Tylox #30 was written, he also has chronic back pain.

Ron D. Stollings, M. D./bjw

(LH) 3/30

6/5/98

vicodin + po 500mg zovirax per #20 of maricopa
BR

Christopher Lester 2-16-98
WT 283 BP 140/82 P 80 T 98.5

S-In for f/u doing somewhat better, still has some cough and congestion, without his back acting up. He also complains of episode of frequent BM's state he has had this for yrs and states his bowel move several times a day occasionally worse than others and he has a lot of post prandial urge to have BM, sometimes cramping no melenä or hematochezia.

O-Exam - he is alert and oriented, no apparent distress, lungs are clear, heart is regular, voice is raspy. He has minimal LS tenderness, SLR is neg. abdomen is obese and otherwise benign.

A-Chronic low back pain, recent bronchitis, probable IBS

P-Trial of Bentyl 10 mg PO QID AC & HS, refill on Lortab #30 1 Q 6 hrs prn severe pain only, Flextra DS #60 1 PO BID to TID prn pain and spasm, Hycomine oz 8 1 teasp QID cough and f/u in 2 wks.

John M. Snyder, D. O./bjw

180-1558

Christopher Lester 2-9-98
Wt 275 BP 116/76 P 74 T 98.6

S-In with cough congestion, SOB on and off for 2 weeks, cough has been nonproductive he has used nebulizer at home with good relief. He has had some fever and chills.

O-Exam - no apparent distress, PND, neck is neg, lungs have faint rhonchi, heart is regular,

A-Bronchitis,

P-Ceftin 250 BID, X 7 days, Hycotuss oz 8 1 teasp QID cough and congestion, and may use nebulizer prn, 2-3 times a day and f/u as needed.

John M. Snyder, D. O./bjw

JMS-10-98

Christopher Lester 11-18-97
Wt 285 BP 138/76 P 72 T 96.7

S--In for f/u he is doing about the same still has severe LBP primarily on the right side with radiation to the right gluteal area, he is due to go back to the Pain Clinic the 8th of Dec. He is also to start CDL class later on as recommended by comp.

O--Exam - he is alert and oriented without gross distress, he walks very slowly and deliberately he has flexion approx 30° with accompanying LS spasm, SLR creates pain at any attempt, primarily lower hip and leg pain.

A--S/P LS strain becoming chronic

P--He is to maintain Pain Clinic, I will try him on Flexaril 10 TID along with Duract 25 1Q6 hrs prn pain in hopes of diminishing the amt of narcotics necessary to control his pain. He is also given Lortab 1 PO Q6 hrs prn severe pain #50 X 1, f/u at the Pain Clinic and see me back in 2 mo

(MS)

B 11/18/97

Christopher Lester 11-3-97
WT 280 BP 148/80 P 84 T 98.0

S--In for f/u of his back states it has been pretty bad the last few days, he has had some increase in pain difficulty with walking. He has had no injuries noted. He also needs refill on his Zantac. He also has a rash on his feet he would to have evaluated.

O--Exam he is alert and oriented, he has tenderness of the low back, decrease flexion SLR is neg. neuro is intact. Examination of his feet show a very thick cracking layer on the plantar surface of the feet, there is no lesions or rash between the digits.

A--Recurrent LBP, reflux, dermatitis of his plantar surface of his feet

P--Refill on Lortab 10 #40 1 Q 4-6 hrs prn severe pain only, Motrin 800 1 BID to TID, Zantac 150 BID, he is advised to use puma stone on the soles of his feet after soaking and then apply Alpha Eucerin lotion and I will reevaluate this in a few wks

(MS)

R 11/4/97

NAME: Lester, Christopher DATE: 08/25/97

He comes in today for follow-up of his low back. He states he has been having considerable amount of pain since last Thursday after he was sent for an FCE examination. He states that he was rated as sedentary work only. He had been in truck driving school but apparently they have taken him out of that. He is actively looking for a job under some form of program that compensation sponsors.

On exam today, he is in no apparent distress. He walks with a stiff gait. He has difficulty raising from sitting to standing position. He has LS tenderness on palpation. Straight leg raising creates pain bilaterally approximately 30°. DTR's were symmetrical, however, there were no other neuro deficits noted.

ASSESSMENT: Chronic recurrent low back pain.

PLAN: Given refill on Lortab 10 #50 1-2 q 4-6 hours prn severe pain only. Advise back rest for 48 hours at this point in time. He is to maintain his follow-ups at the Pain Clinic which will occur next month. He is to maintain his follow-ups with compensation otherwise and I want to see him back in approximately four weeks.

D: 08/25/97 J. Mark Snyder, D. O.
T: 08/27/97 3:47 P ah
Job # 999999


J. Mark Snyder, D. O.

Original

500688.015.0076

Chris Lester 6-27-97
Wt. 173 BP 126/80 P 92

S--In today wants letter stating he can't go to truck driving school only they want to send him to truck driving school and he does feel he has the capacity to do so right now. He has been attending the pain clinic in Charleston and presently is on Oxicontin BID as Rx by Dr. Nelson.

O--Exam he walks without difficulty however he does have difficulty with flexion and complains of pain and pulling at the base of the sacrum when he does so. SLR is neg. bilaterally from a sitting position, his DTR's are diminished bilaterally, he seems to have decreased strength of the right hallux

A--Ongoing chronic LBP, attending pain clinic

P--I advised him under the present situation that he should go ahead and at least initiate school and see how he does with it before making further decision. He states his pain clinic physician feels he couldn't do it, I suggested at that time to have him write a letter but I do not feel at this time I can make judgement one way or the other and I think he should go along with the system and at least give it a try. (MS)

Handwritten signature

8/15/97 Lortab 10mg # 30 + 940 pmw severe pain (OK)
Elaquil 75mg # 30 + qhs (XO) Lamp

8/22/97 Lortab 10 # 10 + 940 pmw (OK) Lamp

Christopher Lester 5-19-97
Wt. 280 BP 118/80 P 88 T 99.1

S--Complains of itching and rash

O--Exam - dermatitis type rash scattered on the extremities.

A--Dermatitis

P--Medrol Dose Pak benadryl and Aveeno bath as necessary and f/u prn (MS)

A handwritten signature in black ink, appearing to be "J. R. [unclear]", is written below the text "(MS)".

Christopher Lester 4-15-97
Wt. 275 BP 108/64 P 100

S--In ER f/u he was seen last night with a syncopal episode apparently he bent over to put a dish in the dishwasher he stood up and twisted had considerable back pain at that moment and passed out. He was evaluated in the ER and f/u with me. He has had no problems since then except for his back

O--Exam alert and oriented, no apparent distress, vitals are stable, lungs are clear to auscultation, heart is regular, HEENT is benign, he has exquisite LS tenderness, spasm of t) low back, decreased flexion he can barely raise either leg off the examining table. DTR's are diminished.

A--Chronic LBP with exacerbation

P--Soma plain TID, rest, local heat, X 2 days, and then he can get up and move around. I w
for him to f/u with me again in a wk. (MS)

JB 7-6-97

Christopher Lester 12-30-96

Wt. 283 BP 126/84 P 84 T 97.4

S--In for comp checkup, has recently been to the pain clinic had epideral injection however still complains of low back pain.

O--Exam he is obese, he has LS tenderness, decreased flexion to approx 40°

A--Ongoing LBP

P--Continue with pain clinic and continue meds. and hopefully will get him into work hardening program and follow (MS) *JS 1-3-97*

Chris Lester 1-30-97

Wt 260 BP 126/80 P 84 T 96.9

S--In for f/u still complains of soreness of his low back, he missed his pain clinic appt. There has been no exceptional change in his back pain, he still has a lot of pain that radiates into the right hip.

O--Exam - obese, normal gait, he has tenderness of the LS spine primarily on the right also tenderness of the sciatic notch on the right, SLR creates pain, approx 40° no gross neuro deficits are noted. DTR's are symmetrical.

A--Chronic low back pain,

P--Maintain f/u with the pain clinic, continue treatment at their discretion and he is to maintain meds and f/u with me in a mo. (MS) *JS 1-31-97*

Christopher Lester 2-14-97

Wt. 262 BP 122/98 P 68 T 98.1

S--In for f/u from the hospital he was admitted with atypical CP seemed to be GI in nature he has had occasional recurrence of symptoms but has been fleeting in nature no SOB has been associated with it,

O--Exam - lungs are clear to auscultation, heart is regular, there is no abdominal tenderness

A--Atypical CP, probable GI

P--Maintain Zantac he is to f/u next scheduled appt. (MS) *JS 2-18-97*

Christopher Lester 8-26-96

Wt. 275 BP 130/80 P 80

S--Here for f/u on his back pain it is essentially the same, he states however now it feels as if there is somebody hitting him with a hammer at the base of the coccyx

O--Exam he has tenderness overlying that area, no upper back tenderness at this time, he has full flexion

A--LBP, coccydynia

P--Maintain meds increasing Elavil to 75 QHS. will try to get him in to see and also obtain

Christopher Lester 9-25-96

Wt. 278 BP 122/84 P 92

S--F/U for comp related injuries with low back pain. He continues to have pain and needs new rx he says. Apparently he is going to a pain clinic at this point. I wrote his RX that he has chronically been on and he will follow up at the pain clinic, (RBA) 11/27

Letter - WC RE: Christopher Lester
letter stating he remains off work, with diagnosis.
(RBA)

9/30/96 DC Toradol
Ultram 50mg #60 + 96-80 pm (ox) Van L

Christopher Lester 10-30-96

BP 130/80 P 88

S--In for f/u still having considerable back pain, he went to the pain clinic and had some injections stated they only lasted a day or two pain is worse with bending or squatting

O--Exam - he has LS tenderness flexion to about 45°, DTR's are symmetrical, strength is equal in the lower extremities

A--Ongoing low back strain

P--He is to try to increase his activities to tolerance form is completed today will also try to get him back in to vocational rehab or work hardening, (MS)

Christopher Lester 11-29-96

Wt. 274 BP 150/70 P 72

S--Here for comp related LBP which is chronic, essentially his exam is unchanged he began in a work hardening program apparently which I encouraged him to pursue

he will continue Ultram 50 mg. 4 times a day, and Amitriptyline 75 mg at bedtime also gave him Amoxil for URI. (RBA) 12/3

Chris Lester 2-14-96

Wt. BP 138/76 P 88

S--In for basically a checkup however he has had recent cough and sore throat, he has been doing fairly well otherwise. He has history of compression fractures of T10, T11 and T12 apparently at work. He is under the care of Dr. Chinundet under comp. His PMH is relatively benign without alcohol or tobacco use.

O--Exam - alert and oriented, no apparent distress, HEENT shows oral pharynx to be slightly injected, lungs are clear, heart is regular,

A--URI, history of low back pain,

P--Reflex 500 BID, X 10 days, continue f/u with Dr. Chin f/u with me prn (MS) *ps 2/16/96*

Christopher Lester 2-26-96

WT. BP 118/84 P 80 T 98.5

S--In still having cough cold and congestion for a few days greenish type sputum

O--Exam - HEENT has PND, lungs are relatively clear

A--Ongoing bronchitis

P--Biaxin 500 BID, Phenergan VC w/codeine oz 8 l teasps QID, f/u as needed (MS) *7/20/96*

Chris Lester 4-23-96

S--Complains of penile rash his wife has had recent vaginitis

O--Exam he has a reddened area on the penis

A--Probable yeast dermatitis

P--Monistat derm TID, f/u if symptoms persist (MS) *7/24/96*

Christopher Lester 7-24-96

Wt. 271 BP 132/86 P 80

S--In with complaint of low back pain symptoms have been chronic since 1994 when he had an accident, injuring his low back. He complains of pain primarily in the right side low back and mid low back with radiation down into the right gluteal area into the leg occasional weakness of the leg and his knee giving away.

O--Exam he is in no gross distress, obese, he has LS tenderness, flexion is limited to about 20-30° SLR creates pain at approx 25° on the right, he can raise the left somewhat better. He has no decreased pin prick sensation. DTR's are diminished bilaterally in the patellar area, he has slight weakness of the right lower extremity.

A--History of low back injury, and low back pain which has been chronic.

P--Obtained records from previously treated physician and scheduled for MRI, and f/u 2 wks. (MS)

8/5/96. Toradol 10mg #10 796° PM (6x) Lamp

Chris Lester 8-7-96

S--In for f/u he is still having a lot of lower back pain this time primarily in the sacral area and right gluteal area, with radiation into the right leg.

O--Exam he has flexion at about 30° he has tenderness overlying the paraspinus area in the LS spine, and right PSIS, SLR is practically impossible, neuro appears to be intact, MRI was neg.

A--Chronic ongoing back pain

P--Placed on Elavil 25 mg PO QHS, increasing to 50 after a wk. Toradol prn for pain he is to f/u in a few wks. (MS) *8/14/96*

500688.015.0082

Name <u>Christopher Lester</u>		Date _____	Time _____
Room or Address _____	Dr. <u>Snider</u>	Age _____	Hospital No. _____
Color <u>Gold</u>	Clarity <u>Clear</u>	pH <u>5.0</u>	Lab No. _____
Specific Gravity <u>1.020</u>	MICROSCOPIC		
Protein <u>md</u>	W.B.C. _____		
Glucose <u>/</u>	R.B.C. _____		
Ketones <u>/</u>	Epi Cells _____		
Blood <u>/</u>	Casts _____		
Bilirubin <u>/</u>	Bacteria _____		
Nitrite <u>/</u>	Crystals _____		
Urobilinogen _____	Leukocyte Esterase _____		
Tech. <u>Q</u>	Date <u>8/7/00</u>		
Form 350	URINALYSIS		
	BRIGGS, Des Moines, IA 50306 (800) 247-2343 PRINTED IN U.S.A. LITE <u>4-4112</u>		

MADISON MEDICAL, PLLC

Influenza Virus Vaccine

Patient Name: Christopher Lester Date 11/14/00
 See attached chart for vitals, allergies and current medications.
 Influenza Virus Vaccine, FLUVIRIN Lot # 5592706A Expiration Date 6-01
 Injection site RD Administered by DB

- | | | | |
|----|---|---|-----------------------------|
| 1. | Have you previously received a flu shot? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| A. | If yes, did you have a reaction to the vaccine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. | If yes, what type of reaction? | | |
| 2. | Are you allergic to eggs or egg products? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Are you allergic to thimerosal (a mercury derivative, i.e., mercurochrome)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Have you every had an active neurologic disorder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Are you pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Do you have a fever or any symptoms of illness today? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

POSSIBLE SIDE EFFECTS.

Soreness at injection sites. Fever or achiness for one or two days. Rarely neurological disorders, such as Guillain-Barre Syndrome. Possibility that allergic or more serious reactions could occur.

I have read or have had explained to me the information about the influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and the risks of the influenza vaccine and ask that the vaccine be given to me.

Chris Lester
 Signature of person receiving vaccine

 Social Security Number

Pneumococcal Vaccine, Polyvalent
 Pneu-Immune 23

Patient Name _____ Date _____
 Lot # _____ Expiration Date _____ Injection site _____ Administered by _____

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Have you previously received a "pneumonia shot"? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (Re-immunization is recommended only in special circumstances. The physician will review the history of the patient to determine if re-immunization is advised) | | |
| 2. | Are you allergic to thimerosal (a mercury derivative, i.e. mercurochrome)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Are you scheduled to begin cancer chemotherapy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Are you pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Are you nursing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Do you have a fever or any symptoms of illness today | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

POSSIBLE SIDE EFFECTS:

Soreness at the site of injection within three-days. Low grade fever, mild myalgia or rash. Rarely, fever greater than 102 degrees, local swelling, urticaria, arthritis, arthralgia or adenitis. Rarely, anaphylactic reactions, or temporal association of neurological disorders.

✓
 Signature of person receiving vaccine

 Social Security Number

MADISON MEDICAL LAB REPORTS

Patient's Name Chris Lester Date 2/26/02
 Doctor _____ DOB _____

HEMATOLOGY

HGB _____
 MONO _____
 Sed Rate _____
 Hemetest _____

COAGULATION

Protine _____ INR _____
 Current Dosage _____

OTHER

Pulse OX _____ Strep Screen _____
 HCG _____ Urine/Serum _____
 Other _____

CHEMISTRIES

F NF

Glucose _____
 HGBA1C _____
 H. Pylori _____
 Lipid Panel _____

URINALYSIS DIP

SP. Gravity 1.015
 PH 8.5
 Color Pale
 Appearance Clean
 Glucose _____
 Bilirubin _____
 Ketones _____
 Blood _____
 Protein Trace
 URO 0.3
 Nitrate _____
 Leukocytes _____

Dr. Comments _____

MISCELLANEOUS

MADISON MEDICAL LAB REPORTS

Patient's Name Christopher Lester Date 3/1/02
 Doctor Snyder DOB [REDACTED] 71

HEMATOLOGY

HGB _____
 MONO _____
 Sed Rate _____
 Hemetest _____

COAGULATION

Protime _____ INR _____
 Current Dosage _____
OTHER
 Pulse OX _____ Strep Screen _____
 HCG _____ Urine/Serum _____
 Other _____

CHEMISTRIES

F NF

Glucose _____
 HGBA1C _____
 H. Pylori _____
 Lipid Panel _____

URINALYSIS DIP

SP. Gravity 1.015
 PH 6.5
 Color yellow
 Appearance clear
 Glucose _____
 Bilirubin _____
 Ketones _____
 Blood _____
 Protein _____
 URO _____
 Nitrate _____
 Leukocytes _____

Dr. Comments _____

MISCELLANEOUS

ROBERT B. ATKINS, M.D.
RON D. STOLLINGS, M.D.
J. MARK SNYDER, D.O.
BARBARA KOSTER, MSN-RNC

705 Madison Avenue • Madison, WV 25130 • Telephone: (304) 369-5170

NAME Christopher Lester DATE 9-19-00

Your Doctor has reviewed your test results:

Cholesterol _____

Sugar _____

Liver OK

Triglycerides _____

Sodium _____

Thyroid OK

Blood Count 16.5 (14-18)

Potassium _____

☒ Your Lab results were OK.

☐ Your Lab results were OK except: _____

☐ Your Pap Smear was OK, repeat in one year

☐ Your Pap Smear was abnormal: _____

☐ Your Mammogram was OK.

☐ Your Mammogram showed: _____

☐ Your X-rays were OK.

☐ Your X-rays showed: _____

☐ You need to call and make a follow-up appointment: _____

☐ Keep follow-up appointment as planned.

☐ Come in for additional Lab work fasting: _____

☐ Continue same medications.

☐ Call our office at your earliest convenience: _____

Additional instructions: _____

PLEASE CALL OUR OFFICE IF ANY QUESTIONS.

Thank You

AK

500688.015.0087

5 Sep 00
18:46:20
PAGE 1

BOONE MEMORIAL HOSPITAL
701 MADISON AVENUE
MADISON W.V. 25130

SG/CP

=====

NAME: LESTER, CHRISTOPHER	SAMPLE ID: 9-2000-312
PATIENT ID:	SAMPLE TYPE: Serum
AGE:	DOCTOR: SNYDER
DATE OF BIRTH: 71	DRAW DATE/TIME: Sep 5 00 17:30
SEX: M	RUN DATE/TIME: Sep 5 00 18:31
LOCATION: OP	SEC/CUP/REP: 2/4
PAT. COMMENT:	
SAMPLE COMMENT: NON-FASTING SPECIMEN	
INST CODES: 11AJ	

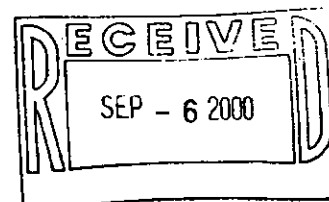
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CHEMISTRY	RESULTS	UNITS	REFERENCE RANGE	REMARKS
TBIL	0.4	mg/dL	0.2 - 1.0	
TP	6.4	g/dL	6.0 - 8.3	
ALB	3.9	g/dL	3.2 - 5.5	
ALT	70	IU/L	10 - 60	HIGH
AST	37	IU/L	10 - 42	
DBIL	0.1	mg/dL	0.0 - 0.2	
ALP	80	IU/L	42 - 121	

CALCULATED VALUES	RESULTS	UNITS	REFERENCE RANGE	REMARKS
A/G RATIO	1.6		* - *	
INDIRECT BILI	0.3		* - *	

=====

dy



500688.015.0088

Boone Memorial Hospital, Madison, W. Va.
HEMATOLOGY

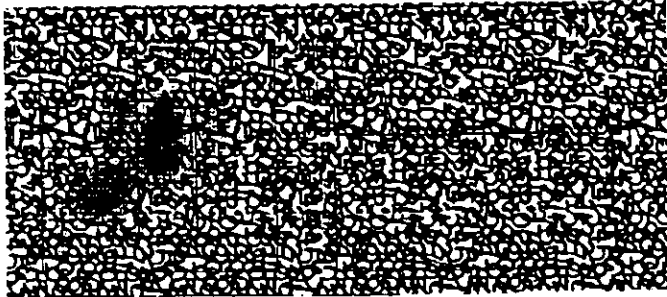
LAB IN			
PATIENT NUMBER		DATE OF SERVICE	
PATIENT NAME			
ROOM NUMBER	AGE	SEX	<input type="checkbox"/> OUTPATIENT
PHYSICIAN	<input type="checkbox"/> MED-OVER <input type="checkbox"/> DPA <input type="checkbox"/> MED-UNDER <input type="checkbox"/> OTHER		

9/05/00 18:44:12
CB

304-369-1230

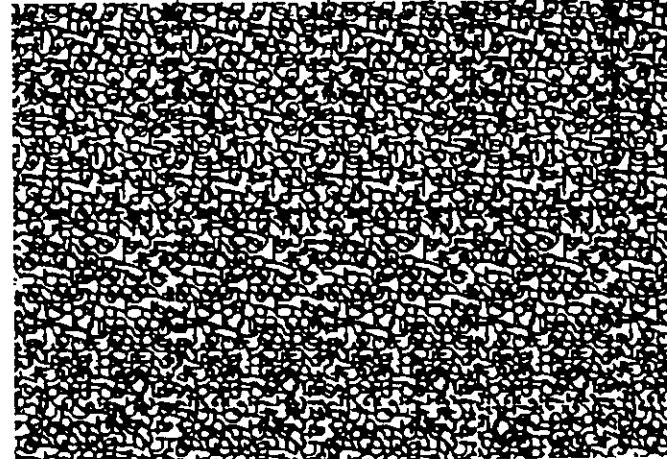
BOONE MEM. HOSPITAL
701 MADISON AVE
MADISON W.V.

LAB OUT			
ORDERED BY:		WRITTEN BY:	
<input type="checkbox"/> ASAP <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> ROUTINE <input type="checkbox"/> PREOP <input type="checkbox"/> TIME			
DATE/TIME TO BE DONE		COLLECTED BY	DATE AND TIME
COMPLETED BY TECH		DATE AND TIME COLLECTED	



Date of Birth: [redacted]/1971 Sex: M
 Collected By: OFFICE Location: OP
 Date & Time: Physician: SMYDER
 Completed By: SG Date & Time: 09/05/00 18:31

SAMPLE PROCESSED	DIFF %	ABSOLUTE	HEMOGRAM
DIFF 1 9-20:00:12	RBC 8.1		RBC 5.49
DIFF 2 LESTER, CHRISTOPH	NE 60.5	4.9	HGB 16.5
sequence #	LY 27.9	2.3	HCT 47.0
DATE: 09/05/00	MO 7.7	0.6	MCV 85.6
TIME: 18:43:53	EO 3.8	0.3	MCH 30.0
code P	BA 0.1	0.0	RDW 12.4
Normal WBC Pop			PLT 269
Normal RBC Pop			MPV 8.5
Normal PLT Pop			



NORMAL VALUES			
WBC	4.8-10.8	x10 ³	
RBC	4.7-6.1	F 4.2-5.4	x10 ⁶
HGB	14-18	F 12-16	g/dL
HCT	42-52	F 37-47	%
MCV	80-94	F 81-89	fL
MCH	27-31		pg
MCHC	32-36		g/dL
RDW	11.5-14.5		%
PLT	130-400	x10 ³	
MPV	7.4-10.4	fL	
NE%	40.7-61.5	%	
BAND	0.0-6.0	%	
LY%	16.8-44.4	%	
MO%	2.3-13.1	%	
EO%	0.0-5.7	%	
BA%	0.0-3.4	%	
NE#	2.0-7.2	x10 ³	
LY#	0.7-3.5	x10 ³	
MO#	0.2-1.0	x10 ³	
EO#	0.0-0.4	x10 ³	
BA#	0.0-0.3	x10 ³	

MANUAL DIFFERENTIAL %	MORPHOLOGY
SEGMENTED NEUTROPHIL	1-5 SEGS 7-100
BAND	1-2-3
LYMPHOCYTE	1-2-3
MONOCYTE	1-2-3
EOSINOPHIL	1-2-3
BASOPHIL	1-2-3
METAMYELOCYTE	1-2-3
MYELOCYTE	1-2-3
PROMYELOCYTE	1-2-3
BLAST	1-2-3
VARIANT LYMPHS	1-2-3

PLT POP	
LARGE PLATELETS	
PLT CLUMPS PRESENT	
PLT APPEARS	INCREASED DECREASED NORMAL

AUTO DIFF. VERIF BY: [signature]
 MAN. DIFF. VERIF BY: [signature]

	NORMAL	PATIENT
PROTHROMBIN TIME	10.1-13.3 Sec.	Se
(APTT) ACTIVATED PART THROMBOPLASTIN	21.2-30.4 Sec.	Se
Ble. Time	1-6 Min.	Min. Se
Clotting Time	5-6 Min.	Min. Se

RETICULOCYTE COUNT	ADULT 0.5-1.5% NEWBORN 2.0-6.5%
RECEIVED SEP - 6 2000	

COMPLETED BY: [signature] DATE AND TIME: 9-5-2000
 COMMENTS:
 COMMUNICATED:
 O:
 ATE: TIME:

500688.015.0089

SVI Laboratory Services
CLINICAL LABORATORY REPORT

Phone: (304)345-5215 WV Wats 1-800-445-5278

*9/16/00*Pt. Name: LESTER, CHRISTOPHER W
DOB: [REDACTED] 1971 Age: 28 Sex: M
SSN: [REDACTED] 3340 Phone: (304)369-6657
Billing Num: 2701277275

SVI SUMMARY REPORT

Location: BOONE MEMORIAL HOSPITAL
Medical Record Number: 2000106943
Req. Physician: SNYDER, JOHNOrder#: 21061620
Date&Time Ordered: 09/06/00 14:01
Copy to:

FINAL

NUCLEAR MEDICINE

TEST NAME	FLAG	RESULT	NORMAL RNG UNITS	LOC
SPECIMEN NST COLLECTED 09/05/00 17:30 BY CRP RECEIVED 09/06/00 14:01 BY CRP				

Thyroid Studies

THYROXINE		7.2	4.5-10.9 ug/dL	G
TSH		0.873	0.350-5.350uIU/mL	G
TRIIODOTHYRONINE		139	60-181 ng/dL	G

OK

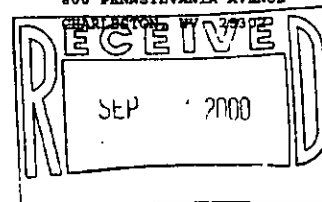
LOC indicates test performing location: G - Gen Div; M - Mem Div; W - WC Div

Key For Flags: L-Low, H-High, A-Alert, AB-Abnormal, AD-Delta

Printed: 09/06/2000 19:00

PAGE: 1 of 1

TESTS PERFORMED BY CHARLESTON AREA MEDICAL CENTER

GENERAL DIVISION
501 MORRIS STREET
CHARLESTON, WV 25301MEMORIAL DIVISION
3200 MacCORKLE AVENUE, S.E.
CHARLESTON, WV 25304WOMENS AND CHILDRENS
800 PENNSYLVANIA AVENUE
CHARLESTON, WV 25302

500688.015.0090

7 Aug 00
19:52:00
PAGE 1 *mmg*

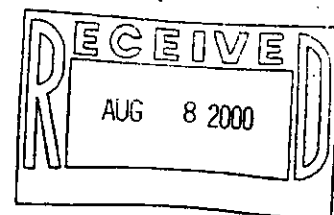
BOONE MEMORIAL HOSPITAL
701 MADISON AVENUE
MADISON W.V. 25130

NAME: LESTER, CHRISTOPHER
PATIENT ID: 8-2000-520
AGE: *[REDACTED]*
DATE OF BIRTH: *[REDACTED]* 71
SEX: M
LOCATION: OPD
PAT. COMMENT:
SAMPLE COMMENT:
INST CODES: *(NF)*

SAMPLE ID: 8-2000-520
SAMPLE TYPE: Serum
DOCTOR: SNYDER
DRAW DATE/TIME: Aug 7 00 15:00
RUN DATE/TIME: Aug 7 00 19:45
SEC/CUP/REP: 3/6

CHEMISTRY	RESULTS	UNITS	REFERENCE RANGE	REMARKS
NA	138.6	mmol/L	135.0 - 145.0	
K	3.98	mmol/L	3.60 - 5.00	
CL	105.5	mmol/L	101.0 - 111.0	
CO2	26.2	mmol/L	21.0 - 31.0	
GLU-	79	mg/dL	70 - 105	
BUN-	12	mg/dL	7 - 18	
CRE-	1.0	mg/dL	0.6 - 1.3	
CA-	9.9	mg/dL	8.4 - 10.2	
CALCULATED VALUES	RESULTS	UNITS	REFERENCE RANGE	REMARKS
OSMOLALITY (1)	275.5	mOsm/L	* - *	
ANION GAP (2)	10.9		* - *	

OK
Keep Glucose



500688.015.0091

SVI Laboratory Services
CLINICAL LABORATORY REPORT

Phone: (304)345-5215 WV Wats 1-800-445-5278

Pt. Name: LESTER, CHRISTOPHER W
DOB: [REDACTED]/1971 Age: 28 Sex: M
SSN: [REDACTED] 3340 Phone: (304)369-2395
Billing Num: 2701202307

SVI SUMMARY REPORT

Location: BOONE MEMORIAL HOSPITAL
Medical Record Number: 2000106943
Req. Physician: SNYDER, JOHNOrder#: 20081265
Date&Time Ordered: 08/08/00 12:24
Copy to:

FINAL

NUCLEAR MEDICINE

TEST NAME	FLAG	RESULT	NORMAL RNG UNITS	LOC
SPECIMEN NST COLLECTED 08/07/00 15:00 BY CRP RECEIVED 08/08/00 12:24 BY CRP				

Reproductive Studies
TESTOSTERONE

L

214

240-950

ng/dL

G

low

LOC indicates test performing location: G - Gen Div; M - Men Div; W - WC Div

Key For Flags: L-Low, H-High, A-Alert, AB-Abnormal, Δ-Delta

Printed: 08/09/2000 07:00

PAGE: 1 of 1

TESTS PERFORMED BY CHARLESTON AREA MEDICAL CENTER

GENERAL DIVISION
501 MORRIS STREET
CHARLESTON, WV 25301MEMORIAL DIVISION
3200 MacCORKLE AVENUE, S.E.
CHARLESTON, WV 25304WOMENS AND CHILDRENS
800 PENNSYLVANIA AVENUE
CHARLESTON, WV 25302

RECEIVED AUG 9 2000

500688.015.0092

ROBERT B. ATKINS, M.D.
RON D. STOLLINGS, M.D.
J. MARK SNYDER, D.O.
BARBARA KOSTER, MSN-RNC

705 Madison Avenue • Madison, WV 25130 • Telephone: (304) 369-5170

NAME: Christopher Lester DATE: 8-17-98

Your Doctor has reviewed your test results:

Cholesterol _____

Sugar _____

Liver _____

Triglycerides _____

Sodium _____

Thyroid Normal

Blood Count _____

Potassium _____

☒ Your Lab results were OK.

☐ Your Lab results were OK except: _____

☐ Your Pap Smear was OK, repeat in one year

☐ Your Pap Smear was abnormal: _____

☐ Your Mammogram was OK.

☐ Your Mammogram showed: _____

☐ Your X-rays were OK.

☐ Your X-rays showed: _____

☐ You need to call and make a follow-up appointment: _____

☐ Keep follow-up appointment as planned.

☐ Come in for additional Lab work fasting: _____

☐ Continue same medications.

☐ Call our office at your earliest convenience: _____

Additional instructions: _____

PLEASE CALL OUR OFFICE IF ANY QUESTIONS.

Thank You

KH

500688.015.0093

Specimen #	Type	Primary	Report Status	PG
218-231-1338-0	S	CB	FINAL	1
TIME 0930 Additional Information				
DOB: 71				
CD- 52063086113 FASTING:				
Patient Name		Sex	Age (Yr/Mos)	
LESTER, CHRISTOPH		M	026/07	
Patient Address				
Nonfasting				
Date Collected	Date Entered	Date Reported		
08/06/98	08/06/98	08/07/98	5293	

LabCorp®

Clinical Information	
03	08-07-98 08:17
Physician ID	Patient ID
SNYDER	
Account	
MADISON MEDICAL GROUP	472020
705 MADISON AVE	03
MADISON, WV 25130-	03
304-369-5170	WVC

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
THYROID PANEL WITH TSH					
TSH (High Sensiti...	0.83		mcIU/mL	0.35 - 0.50	C
			Male	Female	
	1- 30 days		0.52 - 16.00	0.72 - 13.10	
	1 mo-5 yrs.		0.55 - 7.10	0.46 - 8.10	
	>5 yrs.		0.35 - 5.50	0.35 - 5.50	
T4 (Thyroxine)	9.2		mcg/dL	4.5 - 12.0	C
T3 Uptake	31		%	24 - 39	C
Free Thyroxine Index	2.8			1.2 - 4.9	

LAB: CB LABCORP HOLDINGS
6370 WILCOX ROAD DUBLIN, OH 43016-1296

DIRECTOR: RICHARD MCVAY MD

DIRECTOR: RICHARD MCVAY MD

FOR INQUIRIES THE PHYSICIAN MAY CONTACT: BRANCH: 800-282-7013 LAB: 800-421-3866
LAST PAGE OF REPORT

OK

REPORT

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500688.015.0094

MADISON MEDICAL GROUP

ROBERT B. ATKINS, M.D.
RON D. STOLLINGS, M.D.
J. MARK SNYDER, D.O.
705 MADISON AVENUE
MADISON, WV 25130
TELEPHONE: (304) 369-5170

NAME: Christopher Lister DATE: 2-11-97

Your Doctor has reviewed your test results:

____ Your Lab results were OK.

____ Your Lab results were OK except: _____

____ Your Pap Smear was OK, repeat in one year

____ Your Pap Smear was abnormal: _____

____ Your Mammogram was OK.

____ Your Mammogram showed: _____

☒ Your X-rays were OK. Chest x-ray and abdomen ultrasound were normal.

____ Your X-rays showed: _____

____ You need to call and make a follow-up appointment: _____

____ Keep follow-up appointment as planned.

____ Come in for additional Lab work fasting: _____

____ Continue same medications.

____ Call our office at your earliest convenience: _____

Additional instructions: _____

PLEASE CALL OUR OFFICE IF ANY QUESTIONS.

Thank You

RW *QJ*

500688.015.0095



SVI Laboratory Services
CLINICAL LABORATORY REPORT

Phone: (304) 345-5215 WV Wats 1-800-445-5278

PATIENT NAME

LESTER, CHRISTOPHER

DOB: 07/00/00 AGE:

DT: 02/06/97

PATIENT PHONE #:

SVI SUMMARY REPORT

MEDICAL RECORD #: 91372956

SS #:

PHYSICIAN: YUTIAMCO, ERNESTO T

WARD/BED: ER

NUCLEAR MEDICINE STUDIES

TEST NAME	2/05/97 C(1300)	UNITS	REFERENCE RANGE
FREE THYROXINE INDEX			
FTI RESULT	3.78		0.99-4.03
T UPTAKE	38.7H	%	22-37
THYROXINE	9.8	UG/DL	4.5-10.9
TSH(3RD GEN)	0.805		EUTHYROID 0.35-5.5 HYPERTHYROID <0.35 HYPOTHYROID >5.5

(END OF REPORT)

called & notified pt
2/11/97 1:47p ⑧

REPORT: FINAL

PAGE: 1

GENERAL DIVISION

TESTS PERFORMED BY CHARLESTON AREA MEDICAL CENTER
MEMORIAL DIVISION

WOMENS AND CHILDREN

500688.015.0096

FEB-27-2002 11:09

BOONE MEMORIAL ER/RHC

304 369 1255

P.01

Boone Memorial Hospital

701 Madison Avenue Madison, West Virginia 25130 304-369-1230



EMERGENCY ROOM / RURAL HEALTH CLINIC
PHONE: 304-369-1230 EXT. 250
FAX: 304-369-1255

DATE: 2/27/02

TO: Dr. Snyder

Re: Christopher Hester

ATTENTION: _____

FAX NUMBER: _____

NUMBER OF PAGES 2 **INCLUDING COVER SHEET**

COMMENTS: _____

FEB-27-2002 11:09

BOONE MEMORIAL ER/RHC

304 369 1255 P.02

**BOONE MEMORIAL HOSPITAL MADISON, WV 25130
RADIOLOGY REPORT**

NAME: LESTER, CHRISTOPHER
ADDRESS: POB 1113, DANVILLE, WV
DOB: [REDACTED]/71
PAY TYPE: PEIA
MED.# 720076

DATE: 02/25/02
TELEPHONE: 369-6657
PHYSICIAN: LOPEZ
X-RAY #: 11417
DEPARTMENT: ER

PROCEDURE: LUMBAR
HISTORY: LOW BACK PAIN - SCANTY VOIDING

LUMBAR: Study is compared with previous study of 09/05/01. There is again noted to be a compression fracture of T11 which was noted on the previous study. The vertebral bodies are again noted to be otherwise of normal height. No marked loss of intervertebral disc space is noted. No signs of new fractures, spondylolysis or subluxation.

IMPRESSION: FRACTURE OF T11 WHICH WAS NOTED PREVIOUSLY. NO OTHER SIGNS OF NEW FRACTURES, SPONDYLOLYSIS OR SUBLUXATION.

JOHN REIFSTECK, M.D/mf
02/26/02



500688.015.0098

**BOONE MEMORIAL HOSPITAL MADISON, WV 25130
RADIOLOGY REPORT**

NAME: LESTER, CHRISTOPHER
ADDRESS: BX 1113 DANVILLE, WV 25053
DOB: [REDACTED]-71
PAY TYPE: INS
MED.# 702701

DATE: 9-5-01
TELEPHONE: 369-6657
PHYSICIAN: YUTIAMCO
X-RAY #: 11417
DEPARTMENT: ER

PROCEDURE: LEFT HIP, LUMBAR SPINE
HISTORY: FELL ON CONCRETE

LEFT HIP:

Films of the left hip disclose no evidence of fracture or dislocation. The bony structures are within the range of normal.

IMPRESSION: NORMAL STUDY.

LUMBAR SPINE WITH OBLIQUES:

Current study is compared to 11-30-00. The lumbar spine appears within normal limits. There is compression fracture of D11 of indeterminate age. Unfortunately, this vertebra is not included on the lateral view on the old study.

IMPRESSION:

1. **NEGATIVE LUMBAR SPINE.**
2. **MINIMAL COMPRESSION FRACTURE OF D11 OF INDETERMINATE AGE. PLEASE CORRELATE.**

J. L. LEEF, M.D./p
9-6-01

[Handwritten signature]
[Handwritten signature]
Snyder

[Handwritten signature]

ROBERT B. ATKINS, M.D.
RON D. STOLLINGS, M.D.
J. MARK SNYDER, D.O.
BARBARA KOSTER, MSN-RNC

705 Madison Avenue • Madison, WV 25130 • Telephone: (304) 369-5170

NAME

Christine Lester

DATE

2-2-04

Your Doctor has reviewed your test results:

Cholesterol

Sugar

Liver

Triglycerides

Sodium

Thyroid

Blood Count

Potassium

☐ Your Lab results were OK.

☐ Your Lab results were OK except:

☐ Your Pap Smear was OK, repeat in one year

☐ Your Pap Smear was abnormal:

☐ Your Mammogram was OK.

☐ Your Mammogram showed:

☐ Your X-rays were OK.

☐ Your X-rays showed:

☐ You need to call and make a follow-up appointment:

☐ Keep follow-up appointment as planned.

☐ Come in for additional Lab work fasting.

☐ Continue same medications.

☐ Call our office at your earliest convenience.

Additional instructions:

Work until you feel OK. Keep
your follow-up appointment with Dr. Snyder and
Dr. Lester.

PLEASE CALL OUR OFFICE IF ANY QUESTIONS.

Thank You

500688.015.0100

**BOONE MEMORIAL HOSPITAL MADISON, WV 25130
RADIOLOGY REPORT**

NAME: LESTER, CHRISTOPHER
ADDRESS: P O BOX 1113, DANVILLE, WV 25053
DOB: [REDACTED] 71
PAY TYPE: PEIA
MED REC.#: 674824

DATE: 12/03/00
TELEPHONE: 369-6657
PHYSICIAN: SNYDER
X-RAY #: 11417
DEPARTMENT: ADMIT
ATKINS 22

PROCEDURE: CHEST

HISTORY: CONTUSION WITH PAIN

CHEST: A single frontal projection of the chest was obtained and compared to the prior exam from 02/05/97; the examination is more of a lordotic projection. The heart and pulmonary vasculature are within normal limits. No acute focal areas of air space disease are identified.

IMPRESSION: NO RADIOGRAPHIC EVIDENCE FOR AN ACUTE PROCESS.

JOHN F. MEGA, M.D.

MF 12/05/00



500688.015.0101

ROBERT B. ATKINS, M.D.
RON D. STOLLINGS, M.D.
J. MARK SNYDER, D.O.
BARBARA KOSTER, MSN-RNC

705 Madison Avenue • Madison, WV 25130 • Telephone: (304) 369-5170

NAME: Christopher Lester DATE: 9-23-00

Your Doctor has reviewed your test results:

Cholesterol _____

Sugar _____

Liver _____

Triglycerides _____

Sodium _____

Thyroid _____

Blood Count _____

Potassium _____

____ Your Lab results were OK.

____ Your Lab results were OK except: _____

____ Your Pap Smear was OK, repeat in one year

____ Your Pap Smear was abnormal: _____

____ Your Mammogram was OK.

____ Your Mammogram showed: _____

____ Your X-rays were OK.

____ Your X-rays showed: _____

____ You need to call and make a follow-up appointment: _____

____ Keep follow-up appointment as planned.

____ Come in for additional Lab work fasting: _____

____ Continue same medications.

____ Call our office at your earliest convenience: _____

Additional instructions: Your MRI was okay

PLEASE CALL OUR OFFICE IF ANY QUESTIONS.

Thank You

h

500688.015.0102

ROBERT B. ATKINS, M.D.
RON D. STOLLINGS, M.D.
J. MARK SNYDER, D.O.
BARBARA KOSTER, MSN-RNC

705 Madison Avenue • Madison, WV 25130 • Telephone: (304) 369-5170

NAME: Christopher Lester DATE: 9-6-00

Your Doctor has reviewed your test results:

Cholesterol _____

Sugar _____

Liver _____

Triglycerides _____

Sodium _____

Thyroid _____

Blood Count _____

Potassium _____

____ Your Lab results were OK.

____ Your Lab results were OK except: _____

____ Your Pap Smear was OK, repeat in one year

____ Your Pap Smear was abnormal: _____

____ Your Mammogram was OK.

____ Your Mammogram showed: _____

☒ Your X-rays were OK.

____ Your X-rays showed: _____

____ You need to call and make a follow-up appointment: _____

____ Keep follow-up appointment as planned.

____ Come in for additional Lab work fasting: _____

____ Continue same medications.

____ Call our office at your earliest convenience: _____

Additional instructions: _____

PLEASE CALL OUR OFFICE IF ANY QUESTIONS.

Thank You

AL

500688.015.0103

BOONE MEMORIAL HOSPITAL, Madison, W. Va. X-RAY REPORT E.R. Hou. OPD

a

LESTER, CHRISTOPHER

9-12-2000

11417

P O BOX 1113

FILM #

DANVILLE, WV 25053

369-6657

1971

COMPENSATION

DR SNYDER

OPD

PROCEDURE:

MRI CERVICAL AND LUMBAR 9-12-00

REPORT:

LUMBAR MRI:

HISTORY: LOW BACK AND RIGHT LEG PAIN

The vertebral bodies and intervertebral disc spaces are of normal height and demonstrate normal signals. There is posterior protrusion of disc material. The spinal canal is of normal dimensions. The conus medullaris is unremarkable.

IMPRESSION: NORMAL STUDY.

CERVICAL MRI:

HISTORY: NECK AND LEFT ARM PAIN

There is no posterior protrusion of disc material or other space occupying lesion impinging on the thecal sac or spinal cord. The spinal cord and spinal canal are of normal dimensions. No abnormal signals are seen in the spine or spinal cord. The foramen magnum is not compromised.

IMPRESSION: NORMAL STUDY.

DAVID A. SPARKS, M.D./lp
9-12-00



M.D.